

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/04/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155718		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/18/2011	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY NORTHVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1235 WEST CROSS STREET ANDERSON, IN46011			
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R0000	<p>This visit was for the Investigation of Complaint IN00088797.</p> <p>Complaint IN00088797- Substantiated, residential state finding cited at R051.</p> <p>Date: April 18,2011</p> <p>Facility number: 000562 Provider number: 155718 AIM number: 100267150</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF: 4 SNF/NF: 68 Residential: 25 Total: 97</p> <p>Census payor type: Medicare: 15 Medicaid: 45 Other: 37 Total: 97</p> <p>Sample: 3</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 21,</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0051	<p>2011 by Bev Faulkner, RN</p> <p>(u) Residents have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident ' s medical symptoms.</p> <p>Based on record review and interview, the facility failed to assure freedom of restraint by the placement of a foot stool between the bed springs and mattress cover, in order to prevent rising, for 2 (Residents A and B) of 3 residents, reviewed for use of a restraint.</p> <p>Findings include:</p>			R0051	<p>The Plan of Correction for R-051 will be to allow resident A and B to move about freely without the use of any physical or chemical restraints. The facility had taken all of the footstools out of the building and will not be bringing those back for use. The facility has also terminated three third shift staff and the DON for not following policy or protocol in this situation. Since all residents have the potential to be affected by this deficient practice, all staff had been trained regarding abuse by 04-10-2011. The facility has also scheduled a mandatory all staff inservice with the Ombudsman pertaining to resident rights and abuse for Monday, May 9th, 2011. The facility will hold an inservice 2 x's yearly pertaining to resident rights and abuse. All documentation regarding these inservices will be kept in the DON's office at Monticello House. The facility will train all staff on a new document called "Administrative Alert" (see Attachment A). This form will guide staff on who and when to report an alleged abuse situation to. A record of all reports and investigations will be kept in the</p>		04/29/2011

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	<p>During a 4/18/11, 9:20 A.M., interview, the Administrator indicated it had been reported to him two residents had been put into bed and kept there by placement of a foot stool stabilized between the mattress pad and the bed springs. The Administrator indicated an employee had initially reported the use of unauthorized restraints to the Director of Long Term Care at the hospital (Facility was a subsidiary of the hospital). The Administrator</p>				<p>DON's office at Monticello House. The Administrator or DON will make unannounced rounds on the night shift at least once monthly to ensure that residents are able to move about freely without the use of restraints. Documentation of these rounds will be kept in the DON's office at Monticello House. All new staff will be trained regarding resident rights, abuse and the administrative alert form. This will be done at orientation, prior to new staff working the floor. None of the staff who worked at the residential facility had ever worked at any part of our skilled medical facility(Community Northview Care Center), the buildings are on the same campus but utilize separate staff. All information and documentation regarding this deficiency and the POC will be added to our QA meeting for review and changes to be made if necessary. The plan of correction date for this deficiency will be 04-29-2011.</p>		

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	<p>indicated the facility was restraint free and the employees were suspended pending an independent investigation.</p> <p>The Administrator indicated following the investigation, the employees, 2 certified nursing assistants (CNAs #1 and #2), 1 Licensed Practical Nurse (LPN #1), and the Director of Nursing (DoN) were terminated.</p> <p>The Administrator indicated the employees were night shift. The Administrator indicated</p>						

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	<p>a decision was made to also terminate the DoN because she had knowledge of the third shift staff placing objects at the bedside to prevent the residents from rising in 1/11. The Administrator indicated the investigation process determined the DoN did not recognize unauthorized restraint use as abuse and failed to report to administration. The Administrator indicated throughout the investigation, none of the employees</p>						

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	<p>recognized the use of unauthorized restraints as abuse. The Administrator indicated following the independent investigation, all employees were required to attend a mandatory inservice on abuse prevention. The Administrator indicated the investigation did not determine the length of use of the foot stools as restraints. The Administrator indicated the time frame had been identified as the fall of</p>						

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	<p>2010, through 3/11.</p> <p>The record of Resident (A) was reviewed at 10:00 A.M., 4/18/11, and indicated a 7/07, admission with diagnoses including, but not limited to, Alzheimer's dementia and reactive psychosis. The 4/7/11 weekly nursing summary indicated (Resident A) was alert to name, confused to time and place, and the needs were met by staff.</p> <p>The record of Resident</p>						

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	<p>(B) was reviewed at 10:35 A.M., 4/18/11, and indicated a 3/10, admission with diagnoses including, but not limited to, Alzheimer's dementia and macular degeneration.</p> <p>The 4/4/11, weekly nursing summary indicated (Resident B) was alert to name, unaware of time and place, and the wants and needs were anticipated by staff.</p> <p>At 11:20 A.M., 4/18/11, the Administrator</p>						



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	<p>demonstrated how the foot stool, a 4 legged, rectangular style, had been placed between the mattress and the bed springs. The Administrator placed the foot stool, upright, with the 4 legs placed in the bed springs at the foot of the bed. The Administrator indicated this pushed the foot of the mattress in an upward position, preventing rising. The Administrator indicated the greater distance forward from the foot of the bed the</p>						

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	<p>stool was placed would further restrict resident movement.</p> <p>The Administrator also demonstrated the foot stool placed with 2 legs in the springs, under the mattress, and 2 legs hanging over the edge of the bed. The Administrator indicated this position had been shown by 1 of the employees during questioning. The Administrator indicated this position allowed slightly more freedom of movement while still restraining the resident.</p>						

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	<p>At 12:50 P.M., LPN #2 was interviewed by telephone. LPN #2 indicated she worked second shift and occasionally would stay over until 3:00 A.M. to help nights.</p> <p>LPN #2 indicated in late September or early October, 2010, CNA #1 had said she would show me how the night shift, "remedied the problem of (Resident B) getting up at night."</p> <p>LPN #2 indicated CNA #1 lifted the mattress of Resident (B) placed 2</p>						

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	<p>legs of the stool in the springs under the mattress and attempted to leave 2 legs hanging over the edge of the bed. LPN #2 indicated it did not work and CNA #1 crammed all 4 legs of the stool into the bed springs which held the mattress up in a restrictive position. LPN #2 indicated she had reported the incident to the DoN the next day. LPN #2 indicated the DoN said she thought the practice had stopped. LPN #2 indicated CNA #3, who had also worked</p>						

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	<p>extra on the night shift, had told her she had witnessed the same practice in 1/11. LPN #2 indicated CNA #3 had said she had confronted the night nurse ( LPN #1), and the CNA (unidentified) about the practice. LPN #2 indicated she told CNA #3 she could do nothing against another licensed nurse and suggested (CNA #3) go to the DoN. LPN #2 indicated the DoN had thought the problem was resolved, found it was still going</p>						

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	<p>on, and had all the foot stools removed from the facility.</p> <p>At 1:00 P.M., 4/18/11, CNA #4 was interviewed and indicated she did double shifts and worked nights 2 times a week. CNA#4 indicated she was aware of a foot stool placed between the mattress and bed springs to prevent Resident (B) from rising. CNA #4 indicated the incident occurred in late December, 2010, or before. CNA #4 indicated she did not</p>						

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	<p>report the incident.</p> <p>CNA #4 indicated CNA #3 had also witnessed the practice and had reported to the DoN. CNA #4 indicated all foot stools were removed from the facility after that.</p> <p>The Administrator provided the facility's internal investigation for review 4/18/11.</p> <p>A 1/24/11, employee counseling written by the DoN for LPN #1 indicated she had received information</p>						

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	<p>third shift was attempting to keep 2 residents (A and B) in bed at night to prevent falls. The DoN indicated it was reported objects had been placed at the bedside of residents to keep them from getting up at night.</p> <p>The DoN counseled LPN #1 all foot stools had been removed and no objects were to be placed to impede resident movement.</p> <p>The DoN documented she had informed LPN #1 of abuse allegations and asked if foot stools</p>						



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	<p>had been placed.</p> <p>LPN #1 responded in the past objects had been placed to keep the residents with multiple falls in bed.</p> <p>LPN #1 also responded it had not been successful.</p> <p>The DoN counseled LPN #1 any attempts to restrict resident movement would be viewed as a restraint which was against the policy of the (name of the residential facility).</p> <p>The DoN documented LPN #1 verbalized understanding.</p>						

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	<p>A 3/29/11, statement by the DoN indicated a meeting was held with the third shift staff, LPN #1, and CNAs #1 and 2, to discuss allegations of using pillows to keep people in bed.</p> <p>The DoN documented she informed the 3 she had not been notified by her superiors of any investigation into alleged abuse. The DoN indicated all 3 denied allegations of abuse.</p> <p>On 3/30/11, the Long Term Care Director had</p>						

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	<p>documented a memo to the DoN indicating she was going to speak to LPN #2 and CNA #3 the next day to see how the foot stools were placed. The Long Term Director documented she had gone to the room of Resident (A) and had lifted the mattress to look at the springs. The Long Term Director indicated she was not sure how the foot stool would fit through the springs. The Long Term Care Director documented she was glad the DoN had</p>						

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	<p>been able to speak with her on 3/30/11, instead of waiting until 3/31/11, for the discussion.</p> <p>A 3/31/11, statement, written by CNA #7 indicated in 9/10, at the end of the second shift, a third shift CNA (#6) came on duty and was told (Resident B) had been attempting to get out of bed. CNA #7 indicated minutes later the resident's alarm sounded.</p> <p>CNA #7 documented CNA #6 said she would show our shift how they</p>						

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	<p>kept Resident (B) from getting out of bed on nights. CNA #7 documented CNA #6 took a foot stool and placed it under the mattress.</p> <p>CNA #7 documented the foot of the mattress was lifted and the foot stool placed between the mattress and the springs to keep Resident (B) in bed.</p> <p>CNA #7 documented Resident (B) was up against the wall and could not move after the foot stool was placed.</p> <p>CNA #7 documented the</p>						

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	<p>foot stool was placed with the knowledge of the third shift nurse (LPN #1). CNA #7 documented she believed the foot stool was placed to keep Resident (B) in bed and not for protection.</p> <p>A 3/31/11, statement was written by CNA #3 about the 9/10, witnessed incident of CNA #6 placing a foot stool between the mattress and the springs at the foot of the bed of Resident (B) to prevent rising.</p>						

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	<p>CNA#3 documented CNA #6 had demonstrated during the second to third shift change and had said it was their (3rd shift) way of keeping the resident in bed. CNA #3 indicated she, LPN #2, and CNA #7, had witnessed the foot stool placed.</p> <p>CNA #3 documented after placement of the foot stool, Resident (B) could not move at all. CNA #3 documented she had reported the incident to the Don the next day. CNA #3 indicated she</p>						

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	<p>had not seen the placement of a foot stool to restrict movement again until 1/11. CNA #3 documented she did a bed check with the third shift and witnessed CNA #1 place a foot stool between the mattress and springs of the bed of Resident (A). CNA #3 documented she told CNA #1 it was wrong. CNA #3 documented CNA #1 replied, "it keeps him from getting up." CNA #3 indicated she reported the incident to the DoN the next day.</p>						



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	<p>CNA #3 documented a few weeks later, CNA #1 and LPN #1 came on duty, clocked in, and went straight to the room of Resident (A) and placed the foot stool between the mattress and bed springs.</p> <p>CNA #3 documented CNA #1 had come into the dining room and had told the second shift, "there we fixed him so he can't get up."</p> <p>CNA #3 indicated LPN #1 had said they had placed the foot stool under the mattress to keep (Resident A) in and</p>						

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	<p>he (Resident A) was mad.</p> <p>CNA #3 indicated she was upset and reported the incident to the Don the next day and the foot stools were removed.</p> <p>A 3/31/11, statement written by LPN #2 indicated at the beginning of 10/10, she had witnessed third shift staff place a foot stool in the bed springs of Resident (B) to keep (Resident B) in bed. LPN #2 documented she had gone to the DoN the next day and reported</p>						

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	<p>the incident.</p> <p>On 4/1/11, LPN #1 had written a statement regarding the positioning of residents on third shift. LPN #1 indicated she had received a text message from CNA#1 on 3/28/11, which said there was drama going on at work. LPN #1 documented she had returned a call to CNA #1 who said the night watch man had gone to the Long Term Care Director with a report staff on third shift were</p>						

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	<p>using pillows to prop residents.</p> <p>LPN #1 documented she had placed a call to CNA #2, was on her way to work when he returned the call, and he came to the facility to meet with herself (LPN #1) and CNA #1.</p> <p>Documentation by LPN #1 indicated both she and CNA #1 had placed calls to the DoN to find out what was happening and neither had heard back prior to reporting for work 3/28/11.</p> <p>LPN #1 documented at 12:30 P.M., 3/28/11,</p>						

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	<p>while on duty, she received a call from CNA #5 who repeated the same information as CNA #1 had provided. CNA #5 also indicated she was supposed to call the Long Term Care Director the morning of 3/29/11, and did not want to meet with the her (the Director). LPN #1 documented she and CNAs #1 and #2 decided to meet with the DoN on 3/29/11 to discuss the issue.</p> <p>The afternoon of 4/18/11, the independent</p>						

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	<p>investigation of the alleged restraining of residents with foot stools placed under the mattress to prevent rising, was provided by the Administrator. The investigation was conducted by the Network Manager (#1) of the hospital which owned the residential facility. Network Manager #1 interviewed CNA #2 on 4/5/11, and documented he replied he had always been able to position residents by placing a pillow under pad to</p>						

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	<p>assure the skin was not damaged.</p> <p>CNA #2 indicated he had never witnessed LPN #1 place pillows to keep a resident in bed.</p> <p>CNA #2 indicated he and LPN #1 had placed a foot stool in the springs at the end of the bed of Resident A). CNA #2 indicated LPN #1 had placed the stool and he just helped.</p> <p>CNA #2 indicated it was bad judgement on their part.</p> <p>Network Manager #1 interviewed CNA #1 on</p>						

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	<p>4/6/11, and documented a response from her of never having placed a foot stool.</p> <p>Documentation indicated CNA #1 had replied she had assisted LPN #1 by holding the mattress for placement of the foot stool.</p> <p>Documentation indicated CNA #1 said the purpose was protection, not restraint.</p> <p>Network Manager #1 also documented a 4/6/11, interview with LPN #1. Documentation indicated LPN #1 arrived</p>						



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	<p>with sun glasses and indicated she had a light sensitivity. LPN #1 also indicated she had kept the lights off at night while on duty to provide a quiet environment for residents.</p> <p>Documentation indicated LPN #1 responded to allegations by the night watchman of draping a curtain across the front lobby sitting area and using computers for personal use. LPN #1 indicated the purpose of the curtain, and bringing in computers, was for break times</p>						

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	<p>Documentation indicated LPN #1 denied the computers were used to access e-bay or play games while on duty. Documentation indicated when questioned about the use of foot stools, LPN 1# initially responded it was gossip from co-workers about third shift.</p> <p>Documentation indicated LPN #1 had also said she had been on the telephone with the DoN 3 days ago. LPN #1 indicated the DoN had said while I have you on the line what is the issue</p>						

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	<p>with foot stools.</p> <p>Documentation indicated LPN #1 had responded yes, foot stools had been used a few times, however, not to keep residents in bed.</p> <p>Documentation indicated LPN #1 had responded with only 2 staff on at night they had to slow residents and prevent falls. Documentation also indicated the Don had told LPN #1 not to do that again.</p> <p>Documentation indicated when asked the time frame of the use of the foot stools, LPN #1 had</p>						

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	<p>replied within the past year. LPN #1 indicated she took full responsibility. Documentation indicated LPN #1 also said she had spoken with the DoN about the use of pillows with residents, "a long while back." LPN #1 indicated the DoN had understood and did not see pillows as a means of restraint.</p> <p>The in-services from 4/10 through 4/11, were provided by the Administrator 4/18/11. Resident rights and</p>						

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	<p>abuse prohibition inservices were not provided. Documentation indicated the first abuse inservice were the ones provided 4/1-4/10/11, after the investigation of the allegations of foot stools as restraints and resident abuse.</p> <p>The facility's 1/06, Reporting and Investigation of Alleged Neglect, Abuse and Involuntary Seclusion Policy was provided 4/18/11. The policy indicated any facility</p>						

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	<p>employee who witnesses, or in any manner, was made aware of any neglect, verbal abuse, sexual abuse, physical abuse, mental abuse, involuntary seclusion, misappropriation of property, or un-witnessed physical injury, was obligated to report immediately to a nursing supervisor. The nursing supervisor was to complete a form (unspecified) and had carry it to the Administrator, or during off hours, place in the</p>						

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	<p>appropriate mail box. A copy was also to be placed in the DoN's mail box.. ****Any case of witnessed staff to resident abuse or any severe or unusual situation should be reported to the DoN immediately. Do so by phone during off hours.**** The Administrator or designee completes and documents an investigation of the allegation.  This state residential rule</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	relates to Complaint IN00088797.						